

OFFICE OF VITAL STATISTICS  
417 FEDERAL STREET  
DOVER, DELAWARE 19901

Today's Date \_\_\_\_\_  
Number of Copies \_\_\_\_\_

**ADOPTEE'S APPLICATION FOR COPY OF ORIGINAL BIRTH CERTIFICATE**  
COMPLETE ALL ITEMS REQUESTED BELOW AS ACCURATELY AS POSSIBLE

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Full Name at Birth (If known) \_\_\_\_\_ Full Name Given You Upon Adoption \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_ Place of Birth (Hospital) \_\_\_\_\_

Birth Mother's Full Maiden Name (If known) \_\_\_\_\_ Birth Father's Full Name (If Known) \_\_\_\_\_

Adopted Mother's Full Maiden Name \_\_\_\_\_ Adopted Father's Full Name \_\_\_\_\_

**PHOTO IDENTIFICATION MUST BE PRESENTED**

To Vital Statistics verifying that you are indeed  
The adoptee who is named above.

PLEASE COMPLETE  
YOUR NAME AND  
MAILING ADDRESS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street/Development/Rural Delivery/Box Number

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Daytime Telephone Number

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FEE: \$10.00

Payable to the OFFICE OF VITAL STATISTICS

**\*\*PLEASE BE AWARE THAT THIS PROCESS CAN TAKE UP TO TWO MONTHS\*\***